Case 1:04-cv-11193-NG Document 134-3 Commonwealth of Massachusetts UNITED STATES OF AMERICA

ASSES OF AME



CERTIFICATE OF DEATH

FROM THE RECORDS OF DEATH IN THE CITY OF MALDEN, MASSACHUSETTS, USA

FOR US	N REVERSE SII SE BY	DE)	MINONIDEALTH OF STANDARD CERTIFICATI TRY OF VITAL RECORDS	E OF DEATH			000			
PHYSICIA		DECEDENT - NAME	TRY OF VITAL RECORDS	MINDS FAIRS	ics	1201	REGISTERED NU	MBÉR TREX	I DATE OF DEATH	STATE USE ONLY
MEDICAL EI	XAMINERS /	Paul	John		Muri	ohv		Male		y 4, 2001
USE	/	PLACE OF DEATH (City/Town)		COUNTY OF I			TAL OR OTHER IN			pire street and number)
	//	Boston		Suff	olk	В	oston Me	dical	Center	
		PLACE OF DEATH (Check onl) HOSPITAL:	one). OTHER	140		145	SO	CIAL SECURIT	NUMBER	IF US WAR VETERAL SPECIFY WAR
60	apple of the state of	Minpalient CER/Outpatient	OOA OMEN	ing Home Re	saldence Other (Spino	(y)	energy series	030-2	8-0468	, Vietnam
Service Markets		WAS DECEDENT OF HISPAN	C CAIGIN?	FAC	SE (e.g. While, Black, Ame	encan Indian, i	ele.)	DECEDEN	S EDUCATION (He	thest Grade Completed)
	DECEDENT	If yes, Specify Puerto Rican, Dominican, Cuban, etc.)			(Specify) White			9 5+		
		Be Specify: AGE - Last Birthday (You.)	MCS. DAYS HOURS	S MINE DAT	TE OF BIRTH (Mo., Day,	YE) (URTHPLACE (Gity a	nd State or Fore	ign Country)	Carlotte Control of the Control
Race		60	July 31, 1			940 Gambridge, MA			1	
	and the second	MARRIED, NEVER MARRIED WIDDWED OR DIVORCED	LAST SPOUSE (II W	de, gwe maiden n	wmej	USUAL OC	CUPATION		KIND OF BUSINES	SS OR INCUSTRY
		" Married	Patric	ia A. M	Martin	Pol	ice Offi	cer	Jaw Enfe	
-		RESIDENCE NO. & ST. CITYTOWN COUNTY, STATECOUNTRY 184 48 Taylor St. Malden, Middlesex, MA								ZIP CODE 02148
		15a 40 LayLOT	St. Maiden	, MILOGI	COFBETH W not in US.	MOTHER	- NAME /GIVE	N) (MAID	EN) 1ST	ATE OF BIRTH (If not in)
sid ,					country) MA	Me	rguerite	Course		me country) MA
	445-1140-200	15 Paul W. Mu	Ерпу	17	MAILING ADDRESS - HI				1 119	RELATIONSHIP
-State II	NFORMANT	m Patricia A	Museeber		a 48 Taylo	r St	Maldan	MA O2	1/18	"Wife
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		METHOD OF DISPOSITION BURBLE ENTOAISMENT DONATION OTH SPEC	REMOVAL PHOM STATE	Ric	hard R. Bu	irns J	r			5607
ACCRECATION PROPERTY.	ISPOSITION	PLACE OF DISPOSITION (New	e at Cemetery, Crematory or		110120 101 20		ON (City/Town, State		25	
		1 WOOLLAWN CENECELY							tt, MA	
Autop		MAME AND ADDRESS OF FACELY OR OTHER DESIGNATE (Ma. Day, Yr.) Jan. 8, 2001 20sh E.E. Burns & Son Inc. 204 Main St. Malden, MA 02148								
		20 PART L. Enter the dispases	priores or complications that	I coused the deat	in. On not use only the mo	de of dying, a	sch as cardiac or res	piratory awest.	thock or heart failure	Approximate Interval Between Criser and
Inter		List only one cause on each line to through dy PRINT OR TYPE LEGIBLY. MMEDIATE GAUSE (Fine 1)								Minutes
	Continues of	er death) DUE 10 (OR AS A CONSEQUENCE OF)								
ork fre		Sequentially list conditions, if a Bradycardia DUE TO (DE AS A CONSTITUTE OF)								Minutes
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		WAS CASE DEFENDED	34 MANNER OF DEATH			tolde.	Day Ye.)			(Yes or Ho)
	312 / 2 of 5	Place of Atal	MANNER OF DEATH HOMICID							
100		(Yes or No) No	ACCIDENT SUICIDE	PENDING	INVESTIGATION	350	No. & St., City/Town	State)	356	M 35c
uncement	of Death	TO M.E.?	ACCIDENT SUICIDE	PENDING		350	No. & St., Chyrroun.	State)	355	M 35c
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KAREN ANDERSON , depose and say that I hold the office of City Clerk of the City Maiden, County of Middlesex and Commonwealth of Massachusetts; that the records of Births, Marriages and Deaths in aid City are in my custody, and that the above is a true extract from the Records of Death in said City as certified by me.

Witness my hand and Seal of said City, on the 11TH day of APRIL, 2006